Direct Debit Authority – Alzheimers New Zealand

I would like to give regularly by DIRECT DEBIT

MY REGULAR IS: ☐ $15 ☐ $30 ☐ $60 ☐ Other $_____

I WOULD LIKE TO GIVE: ☐ Monthly ☐ Quarterly ☐ Annually

My account to be debited (acceptor)

Name of my bank:

Bank	Branch	Account	Suffix

Initiator's authorisation code

0	2	3	4	1	7	3

Approved

3417 | 09/19

From the acceptor to my bank:

I authorise you to debit my account with the amounts of direct debit instructions received from ***Alzheimers New Zealand Incorporated*** (the 'Initiator') with the authorisation code specified on this authority and in accordance with this authority until further notice from me.

I agree that this authority is subject to:

- my bank's terms and conditions that relate to my account, and
- the terms and conditions listed below.

Authorised signature/s: Date:

_____ _____ ___/___/___

Specific conditions relating to notices and disputes

1) I agree that the Initiator must give me at least 10 days' prior notice of each direct debit, including the first direct debit in a series.
2) Changes to the amounts or dates of a series of direct debits require 30 days' prior notice to me.
3) I can also agree with the Initiator to receive a same day notice for direct debits specifically requested by me.
4) All notices must be in writing, but can be delivered electronically, if I have agreed that with the Initiator.
5) I can also ask you to reverse a direct debit up to 120 days after the direct debit if:
   - I didn't receive proper notice of the amount and date of the direct debit, or
   - I received notice but the amount or date of the direct debit is different from the amount or date on the notice.
6) If you dishonour a direct debit but the Initiator retries it within 5 business days of the original direct debit, I understand that the Initiator doesn't need to notify me again about that direct debit.

For Bank Use Only

Date Received:	Recorded by:	Checked by:

BANK STAMP

Original – Retain at Branch
Copy – Forward to Initiator if requested